

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

09/914052

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		1		1		1
3		2		1		1
4		0		1		1
5		0		1		1
6		0		5		1
7		0		5		1
8		0		5		1
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TOTAL IND.	10	↓	1	↓	1	↓
TOTAL DEP.	10	↓	21	↓	9	↓
TOTAL CLAIMS	11		22		10	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS